### PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/655134

<b>CLAIMS</b>	AS FIL	ED -	PART I
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	(Colu	umn 1)		(Column 2)
=OR	NUMBER FILED		NU	IMBER EXTRA
3ASIC FEE				
TOTAL CLAIMS	37	minus 20=	*	17
IDEPENDENT CLAIMS	3	minus 3 =	*	
AULTIPLE DEPENDENT	CLAIM PRE	SENT		A /

If the difference in column 1 is less than zero, enter "0" in column 2

# SMALL ENTITY TYPE

OTHER THAN OR SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	306-
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	\$96

#### **CLAIMS AS AMENDED - PART II**

_	T	(Column 1)		(Column 2)	(Column 3)
:		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
!	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESE	NTATION OF MU	JLTIPLE D	EPENDENT CLAIM	<u> </u>

		OTHER THAN
SMALL ENTITY	ΛR	SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT, FEF		OR	TOTAL	

_		(Column 1)		(Column 2)	(Column 3)	
<b>}</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=	
	Independent	*	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

<del></del>	(Column 1)	(Column 2)	(Column 3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

### This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHIET)

APPLICATION MODER

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FORM OIPE PAMER (Rev. 1297)